



Form 57 MED

MEDICAL AND DENTAL PROFESSIONS BOARD

CERTIFICATE RELATING TO TRAINING IN SPECIALITIES INCLUDING COMPLETION OF RESEARCH COMPONENT  
(ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)

MP .....

NAME OF PRACTITIONER: .....

ETHICS CLEARANCE NUMBER ..... (Attach a copy of ethics clearance certificate)

NAME OF HOSPITAL: .....

NAME OF UNIVERSITY: .....

COMPLETION OF REGISTRAR TRAINING TIME AND RESEARCH COMPONENT (THESIS / DESERTATION / RESEARCH ASSIGNMENT)

| Post held as Registrar | Board approved registrar post number | Academic Department | Period spent in each Academic Department |    |
|------------------------|--------------------------------------|---------------------|--|----|
|                        |                                      |                     | From                                     | To |
| A.                     |                                      |                     |  |    |
| B.                     |                                      |                     |  |    |
| C.                     |                                      |                     |  |    |

Certified correct we, the undersigned, declare that post(s) listed against ..... (state which of A, B) is/are accredited registrar post(s). The performance and progress of the said Registrar was satisfactory / unsatisfactory. (If unsatisfactory, please state reasons in separate submission.)

We the undersigned certify that the candidate has submitted a research component that complies with the HPCSA requirements and this has been signed off by the research supervisor(s). This research component has not contributed towards obtaining any other degree, including, but not limited to another MMed or MPhil degree.

Signed: .....

Signed: .....

Signed: .....

Signed: .....

Head of Academic Department

Supervisor of research project

Medical Superintendent of teaching/  
satellite hospital/department/facility

Dean: Faculty/School of Medicine/Health  
Sciences of University

Date: .....

Date: .....

Date: .....

Date: .....

UNIVERSITY DATE STAMP

**NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties  
A non-compliant application will be rejected and sent back to you. NO ALTERATION/CORRECTION TO THIS DOCUMENT WILL BE ACCEPTED. .**